

The Product Conversion—From Heresy to Illness

THOMAS SZASZ

The most prejudiced must admit that this religion without theology [positivism] is not chargeable with relaxation of moral restraints. On the contrary, it prodigiously exaggerates them.

—JOHN STUART MILL

In the work of Benjamin Rush, we have traced the manifestations of the great ideological conversion from theology to science. We saw how Rush had redefined sin as sickness, and moral sanction as medical treatment. In this chapter I shall analyze this process in broader terms and shall show that as the dominant social ethic changed from a religious to a secular one, the problem of heresy disappeared, and the problem of madness arose and became of great social significance. In the next chapter I shall examine the creation of social deviants, and shall show that as formerly priests had manufactured heretics, so physicians, as the new guardians of social conduct and morality, began to manufacture madmen.

The change from a religious and moral to a social and medical conceptualization and control of personal conduct affects the entire discipline of psychiatry and allied fields. Perhaps nowhere is this transformation more evident than in the modern perspective on so-called sexual deviation, and especially on homosexuality. We shall therefore compare the concept of homosexuality as heresy, prevalent in the days of the witch-hunts, with the concept of homosexuality as mental illness, prevalent today.

Homosexual behavior—like heterosexual and autoerotic behavior—occurs among higher apes and among human beings living in a wide variety of cultural conditions. Judging by artistic, historical, and literary records, it also occurred in past ages and societies. Today it is part of the dogma of

American psychiatrically enlightened opinion that homosexuality is an illness—a form of mental illness. This is a relatively recent view. In the past, men held quite different views on homosexuality, from accepting it as a perfectly natural activity to prohibiting it as the most heinous of crimes. We shall not explore the cultural and historical aspects of homosexuality; instead, we shall confine ourselves to a comparison of the attitude toward homosexuality during the witch-hunts and at the present time. Since late medieval and Renaissance societies were deeply imbued with the teachings of Christianity, we shall first survey the principal Biblical references to this subject.

The Bible prohibits almost every form of sexual activity other than heterosexual, genital intercourse. Homosexuality is prohibited first in Genesis, in the story of Lot. . . .

Homosexuality is again prohibited in Leviticus. "You shall not lie with a male as with a woman: it is an abomination." Adultery, incest, and bestiality are also forbidden. The punishment for transgression is death: "If a man lies with a male as with a woman, both of them have committed an abomination; they shall be put to death, their blood is upon them."

It is important to note that only male homosexuality is forbidden: "You shall not lie with a

In Thomas Szasz, *The Manufacture of Madness*, pp. 160–179. Excerpt. New York: Harper and Row, 1970.

male as with a woman . . . " God addresses males only. He does not command woman not to lie with a female as with a man. Here by omission and implication, and elsewhere by more explicit phrasing, woman is treated as a kind of human animal, not as a full human being. The most up-to-date legal statutes of Western nations dealing with homosexuality continue to maintain this posture toward women: Though homosexual intercourse between consenting adults continues to be prohibited in many countries, nowhere does this apply to women. The inference about the less than human status of women is inevitable. No wonder that in his morning prayer, the Orthodox Jew says, "Blessed be God . . . that He did not make me a woman," while the woman says, "Blessed be the Lord, who created me according to His will."

Biblical prohibitions against homosexuality had of course a profound influence on the medieval equation of this practice with heresy; on our contemporary criminal laws and social attitudes, which regard homosexuality as a hybrid of crime and disease; and on the language we still use to describe many so-called sexually deviant acts. Sodomy is an example.

Webster's *Unabridged Dictionary* (Third Edition) defines sodomy as "The homosexual proclivities of the men of the city as narrated in Gen. 19:1-11; carnal copulation with a member of the same sex or with an animal or unnatural carnal copulation with a member of the opposite sex; specif.: the penetration of the male organ into the mouth or anus of another." This definition is pragmatically correct. In both psychiatric and literary works, the term "sodomy" is used to describe sexual activity involving contact between penis and mouth or anus, regardless of whether the "passive" partner is male or female. Fellatio is thus a type of sodomy. Because human beings frequently engage in these and other non-genital sexual acts, Kinsey correctly emphasized that there are few Americans who, in their everyday sexual lives, do not violate both the religious prohibitions of their faith and the criminal laws of their country.

In short, the Church opposed homosexuality not only, or even primarily, because it was "abnormal" or "unnatural," but rather because it satisfied carnal lust and yielded bodily pleasure. This condemnation of homosexuality, says Rattray Taylor, "was merely an aspect of the general condemnation of sexual pleasure and indeed of sexual activity not directly necessary to ensure the

continuation of the race. Even within marriage, sexual activity was severely restricted, and virginity was declared a more blessed state than matrimony." It is no accident, then, that carnal lust, leading to nonprocreative sexual practices and pleasure of all kinds, was a characteristic passion of witches. They were supposed to satisfy their cravings by copulating with the Devil, a male figure of superhuman masculinity, equipped with a "forked penis," enabling him to penetrate the woman at once vaginally and anally.

As we turn to a consideration of the Church's attitudes toward sex during the witch-hunts, we discover a concrete connection between notions of religious deviance and sexual offense: Heresy and homosexuality become one and the same thing. For centuries, no penological distinction is made between religious unorthodoxy and sexual misbehavior, especially homosexuality. "During the Middle Ages," says Westermarck, "heretics were accused of unnatural vice [homosexuality] as a matter of course. . . . In medieval laws sodomy was also repeatedly mentioned together with heresy, and the punishment was the same for both."

In thirteenth-century Spain, the penalty for homosexuality was castration and "lapidation" [execution by stoning]. Ferdinand and Isabella changed this, in 1479, to "burning alive and confiscation. irrespective of the station of the culprit." In other words, then the crime was subject to punishment by both secular and ecclesiastic courts—just as now it is subject to punishment by both penal and psychiatric sanctions. In 1451, Nicholas V empowered the Inquisition to deal with it. "When the institution [Inquisition] was founded in Spain," Lea writes, ". . . the Seville tribunal made it [homosexuality] the subject of a special inquest; there were many arrests and many fugitives, and twelve convicts were duly burnt."

In English-speaking countries, the connection between heresy and homosexuality is expressed through the use of a single word to denote both concepts: buggery. The double meaning of this word persists to this day. Webster's *Unabridged Dictionary* (Third Edition) defines "buggery" as "heresy, sodomy": and "bugger" as "heretic, sodomite." The word is derived from the medieval Latin *Bugarus* and *Bulgarus*, literally Bulgarian, "from the adherence of the Bulgarians to the Eastern Church considered heretical."

This connection, at once semantic and conceptual, between unorthodoxy and sodomy, was

firmly established during the late Middle Ages, and has never been severed. It is as strong today as it was six hundred years ago. To be stigmatized as a heretic or bugger in the fourteenth century was to be cast out of society. Since the dominant ideology was theological, religious deviance was considered so grave an offense as to render the individual a nonperson. Whatever redeeming qualities he might have had counted for nought. The sin of heresy eclipsed all contradictory, personal characteristics, just as the teachings of God and the Church eclipsed all contradictory, empirical observations. The disease called "mental illness"—and its subspecies "homosexuality"—plays the same role today. The late Senator Joseph McCarthy thus equated the social sin of Communism with the sexual sin of homosexuality and used the two labels as if they were synonymous. He could not have done this had there been no general belief that, like medieval heretics, men labeled "homosexual" are somehow totally bad. They can have no compensating or redeeming features: They cannot be talented writers or patriotic Americans. Given this premise—which McCarthy did not invent, but only appropriated for his use—it follows that homosexuals must also be politically deviant, that is, Communists. The same logic applies in reverse. If Communists are the modern, secular incarnations of the Devil—political incubi and succubi, as it were—then it follows that they, too, can have no redeeming features. They must be completely bad. They must be homosexuals. . . .

We are ready now to consider the problem of homosexuality in its contemporary form: that is, is homosexuality a disease? In a recent authoritative volume on "sexual inversion," Judd Marmor, the editor, raises this question, and answers that "Most of the psychoanalysts in this volume, except Szasz, are of the opinion that homosexuality is definitely an illness to be treated and *corrected*." (Italics added.) The correctional zeal of the modern psychiatric therapist shows itself here in a way that cannot be mistaken. Disease as a biological condition and as a social role are confused. Cancer of the bladder is a disease; but whether it is treated or not depends on the person who has the disease, not on the physician who makes the diagnosis! Marmor, like so many contemporary psychiatrists, forgets or ignores this distinction. There is, to be sure, good reason why he, and other "mental health workers," do so: By pretending that convention is Nature, that disobeying a personal prohibition is a medical illness,

they establish themselves as agents of social control and at the same time disguise their punitive interventions in the semantic and social trappings of medical practice.

René Guyon, a French student of sexual customs, has recognized this characteristic tendency of modern psychiatry to brand as sick that which is merely unconventional. "The trouble to which the psychiatrists have gone," he observes, "to explain . . . nature in terms of convention, health in terms of mental disease, is scarcely to be believed. . . . The distinctive method of its system is that every time it comes across a natural act that is contrary to the prevailing conventions, it brands this act as a symptom of mental derangement or abnormality."

The question of whether or not homosexuality is an illness is therefore a pseudo problem. If by disease we mean deviation from an anatomical or physiological norm—as in the case of a fractured leg or diabetes—then homosexuality is clearly not an illness. Still, it may be asked if there is a genetic predisposition to homosexuality, as there is to a stocky body build; or is it entirely a learned pattern of behavior? This question cannot be answered with assurance. At present, the evidence for such predisposition is slim, if any. The biologically oriented person may argue, however, that more evidence for it might be discovered in the future. Perhaps so. But even if homosexuals were proven to have certain sexual preferences because of their nature, rather than nurture, what would that prove? People who are prematurely bald are sick, in a stricter sense of this word, than homosexuals could possibly be. What of it? Clearly, the question that is really being posed for us is not whether a given person manifests deviations from an anatomical and physiological norm, but what moral and social significance society attaches to his behavior—whether it be due to infectious illness (as was the case with leprosy in the past), or to learned preference (as is the case with homosexuality today).

Psychiatric preoccupation with the disease concept of homosexuality—as with the disease concept of all so-called mental illnesses, such as alcoholism, drug addiction, or suicide—conceals the fact that homosexuals are a group of medically stigmatized and socially persecuted individuals. The noise generated by their persecution and their anguished cries of protest are drowned out by the rhetoric of therapy—just as the rhetoric of salvation drowned out the noise generated by the persecution of heretics and their

anguished cries of protest. It is a heartless hypocrisy to pretend that physicians, psychiatrists, or "normal" laymen for that matter, really care about the welfare of the mentally ill in general, or the homosexual in particular. If they did, they would stop torturing him while claiming to help him. But this is just what reformers—whether theological or medical—refuse to do.

The idea that the homosexual is "sick" only in the sense that he is so categorized by others, and himself accepts this categorization, goes back at least to André Gide's autobiographical work, *Corydon*, and perhaps earlier. . . .

The "diagnosis" of homosexuality is in actuality a stigmatizing label which, to protect his authentic identity, the subject must reject. To escape from medical control, the homosexual must repudiate the diagnosis ascribed to him by the physician. In other words, homosexuality is an illness in the same sense as we have seen Negritude described as an illness. Benjamin Rush claimed that Negroes had black skin because they were ill; and he proposed to use their illness as a justification for their social control. Rush's modern follower asserts that men whose sexual conduct he disapproves of are ill; and he uses their illness as a justification for their social control.

Only in our day have Negroes been able to escape from the semantic and social trap in which white men have held them fast after their legal shackles had been cast off a century ago. So-called mental patients, whose fetters—forged of commitment papers, asylum walls, and fiendish tortures passed off as "medical treatments"—have a strangle hold on their bodies and souls are only now learning how to properly abase themselves before their psychiatric masters. It seems probable that many more people will have to be injured by means of psychiatric labeling and its social consequences than have been so far, before men will recognize, and protect themselves from, the dangers of Institutional Psychiatry. This, at least, is the lesson which the history of witchcraft suggests.

So long as men could denounce others as witches—so that the witch could always be considered the Other, never the Self—witchcraft remained an easily exploitable concept and the Inquisition a flourishing institution. Only loss of faith in the authority of the inquisitors and their religious mission brought an end to this practice of symbolic cannibalism. Similarly, so long as men can denounce each other as mentally sick (homosexual, addicted, insane, and so forth)—so

that the madman can always be considered the Other, never the Self—mental illness will remain an easily exploitable concept, and Coercive Psychiatry a flourishing institution. If this is so, only loss of faith in the authority of institutional psychiatrists and their medical mission will bring an end to the Psychiatric Inquisition. This day is not imminent.

My contention that the psychiatric perspective on homosexuality is but a thinly disguised replica of the religious perspective which it displaced, and that efforts to "treat" this kind of conduct medically are but thinly disguised methods for suppressing it, may be verified by examining any contemporary psychiatric account of homosexuality. . . .

Contemporary psychiatrists will not admit to the possibility that they might be wrong in categorizing sexual inversion as an illness. "In a discussion of homosexuality, psychiatrists would probably agree unanimously on at least one point: the belief that the homosexual is a sick person." This statement appears in the introduction to a pamphlet on homosexuality, distributed free to the profession by Roche Laboratories, one of the principal manufacturers of so-called psychopharmacologic drugs. Like the inquisitor, the psychiatrist defines, and thereby authenticates, his own existential position by what he opposes—as heresy or illness. In stubbornly insisting that the homosexual is sick, the psychiatrist is merely pleading to be accepted as a physician.

As befits the ministrations of a modern inquisitor, the persecutory practices of the institutional psychiatrist are couched in the vocabulary of medicine. Pretending to be diagnosing a measles-like illness during its incubation period in order the better to treat it, the psychiatrist actually imposes pseudomedical labels on society's scapegoats in order the better to handicap, reject, and destroy them. Not satisfied with diagnosing overt homosexuals as "sick," psychiatrists claim to be able to discover the presence of this supposed disease (in its "latent" form, of course), in persons who show no outward sign of it. They also claim to be able to diagnose homosexuality during childhood, while it is incubating, as it were. "We have noted," write Holemon and Winokur, "that this [effeminate behavior] often antedated homosexual orientation and homosexual relations. In these patients effeminacy seems to be the primary problem and the sexual behavior is secondary. From this one should be able to predict which children will develop effeminate homosexuality

by selecting those with objective signs of effeminacy." In a similar vein, Shearer declares that "excessive clinging to the parent of the opposite sex, especially between father and daughter, should also alert the physician to the possibility of homosexuality." What constitutes "excessive clinging"? How much affection between child and parent of the opposite sex is permitted without it signifying the presence of the dread disease, homosexuality?

From the foregoing we may safely conclude that psychiatric opinion about homosexuals is not a scientific proposition but a medical prejudice. It is pertinent to recall here that the more attention the inquisitors paid to witchcraft, the more the witches multiplied. The same principle applies to mental illness in general, and to homosexuality in particular. Zealous efforts to eradicate and prevent such "disorders" actually create the conditions in which the assumption and ascription of such roles flourish. . . .

It is clear that psychiatrists have a vested interest in diagnosing as mentally ill as many people as possible, just as inquisitors had in branding them as heretics. The "conscientious" psychiatrist authenticates himself as a competent medical man by holding that sexual deviants (and all kinds of other people, perhaps all of mankind, as Karl Menninger would have it) are mentally ill, just as the "conscientious" inquisitor authenticated himself as a faithful Christian by holding that homosexuals (and all kinds of other people) were heretics. We must realize that in situations of this kind we are confronted, not with scientific problems to be solved, but with social roles to be confirmed. Inquisitor and witch, psychiatrist and mental patient, create each other and authenticate each other's roles. For an inquisitor to have maintained that witches were not heretics and that their souls required no special effort at salvation would have amounted to asserting that there was no need for witch-hunters. Similarly, for a psychopathologist to maintain that homosexuals are not patients and that neither their bodies nor their minds require special efforts at cure would amount to asserting that there is no need for coercive psychiatrists.

It is necessary to keep in mind here that most people diagnosed as physically ill *feel* sick and *consider themselves* sick; whereas most people diagnosed as mentally ill *do not feel* sick and *do not consider themselves* sick. Consider again the homosexual. As a rule, he neither feels ill, nor considers himself ill. Hence, he usually does not

seek the help of a physician or psychiatrist. All this, as we have seen, parallels the situation of the witch. As a rule, she, too, neither felt sinful, nor considered herself a witch. Hence, she did not seek the help of the inquisitor. If, then, a psychiatrist is to have a patient of this kind, or a priest such a parishioner, each must have the power to impose his "care" on an unwilling subject. The State gives this power to the psychiatrist, just as the Church gave it to the inquisitor.

But these are not the only possible, or indeed actually existing, relationships between psychiatrists and patients, or priests and parishioners. Some of their relationships are, and were, wholly voluntary and mutually consensual. The discussion about the disease concept of homosexuality (and mental illness generally) narrows down to two questions, and our answers to them. First, should psychiatrists have the right to consider homosexuality a disease (however defined)? I say: Of course they should. If that concept helps them, they will be wealthier; if it helps their patients, the patients will be happier. Second, should psychiatrists have the power, through alliance with the State, to impose their definition of homosexuality as a disease on unwilling clients? I say: Of course they should not.

Psychiatrists and others who like, and plead for the adoption of, the disease concept of homosexuality (and of other types of human behavior) often seem to be talking about the first question—that is, what kind of disease the alleged "patient" has. But, as a rule, consciously or unwittingly, they are concerned with the second question—that is, how to control or "correct" (to use Marmor's term) the patient's alleged "sickness." The president of the Mattachine Society, the nation's largest organization of homosexuals, rightly warns that "when doctors rush into print with wild claims of 'cures' for homosexuality they are not serving the homosexual. Indeed, they are doing just the opposite; they are increasing social pressure on him. . . . A 'cure' would be a sort of 'final solution' to the homosexual problem."

Our position on the disease concept of homosexuality and its social control through medicine could be vastly clarified were we to apply to it our experience with the heresy concept of homosexuality and its social control through religion. Indeed, the parallels between these two sets of theoretical concepts and social sanctions need to be extended only to include one additional consideration—the legitimacy or illegitimacy of combining religious and medical *ideas*

and *practices* with political *power*.

If it is true that God rewards faithful Christians with eternal bliss in a life hereafter, is this not inducement enough to insure true belief? Why should the State use its police power to impose religious faith on nonbelievers, when, if left alone, such heretics are sure to suffer eternal damnation? In the past, the zealous Christian countered this challenge by affirming his boundless love for his "misguided" brother whom it was his duty to "save" from his horrible fate. Since the heathen could usually not be saved by persuasion alone, the use of force—justified by the lofty theological goal—was in order.

Witnessing the tragic consequences of this logic translated into everyday life, the Founders of the American Republic reasserted the classic distinction between truth and power, and sought to embody this distinction in appropriate political institutions. The Founding Fathers thus reasoned that if the Christian religions were "true" (as many of them believed they were), then their value (or the value of other religions) ought to become manifest to rational men (and they treated men generally as rational). Entertaining the possibility of religious falsehood, they refused to endorse any particular faith as the only true one. In short, they held that should there be error in religion, men should be left unhampered to discover it for themselves and to act freely on their discoveries. The upshot was the uniquely American concept of religious freedom and pluralism, based on a separation of Church and State. This concept, which depends wholly on the blocking of the official guardians of religious dogma from access to the police power of the State, is embodied in the First Amendment to the Constitution, which states that "Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof . . ."

Inasmuch as the ideology that now threatens individual liberties is not religious but medical,

the individual needs protection not from priests but from physicians. Logic thus dictates—however much expediency and "common sense" make this seem absurd—that the traditional constitutional protections from oppression by a State-recognized and supported Church be extended to protections from oppression by a State-recognized and supported Medicine. The justification now for a separation of Medicine and State is similar to that which obtained formerly for a separation of Church and State.

As the Christian concept of sin carries with it its own deterrent of suffering in hell, so the scientific concept of disease carries with it its own deterrent of suffering on earth. Moreover, if it is true that nature rewards faithful believers in medicine (and especially those who seek prompt and properly authorized medical care for their illnesses) with a long and healthy life, is this not inducement enough to insure true belief? Why should the State use its police power to impose medical dogma on nonbelievers, when, if left alone, such heretics are sure to suffer the ravages of bodily and mental deterioration? Today, the zealous psychiatrist counters this challenge by affirming his limitless medical obligation to his "sick" brother whom it is his duty to "treat" for his dread disease. Since the madman cannot usually be cured by persuasion alone, the use of force—justified by the lofty therapeutic goal—is in order.

Witnessing the tragic consequences of this logic translated into everyday life, we ought to emulate the wisdom and the courage of our forebears and trust men to know what is in their own best medical interests. If we truly value medical healing and refuse to confuse it with therapeutic oppression—as they truly valued religious faith and refused to confuse it with theological oppression—then we ought to let each man seek his own medical salvation and erect an invisible but impenetrable wall separating Medicine and the State.